INSTRUCTIONS FOR PRINTING AND ASSEMBLING PAMPHLETS

This "Community Health Status Report" is designed to be assembled as a pamphlet, with each page occupying half of an 8.5 x 11 sheet. Follow these instructions to create a pamphlet:

If your printer provides double-sided printing:

- **In Print Properties, specify double-sided printing. This is sometimes called "duplex" printing.**
- **One option under double-sided printing should be whether to flip along the short or long edge of the paper. Choose to flip on the short edge. This may also be referred to as "tablet" printing, or "bind at top". Start printing from page 3. This will prevent these instructions from becoming part of your booklet.**
- **After printing, fold the document along the middle (short end to short end), so that the title page is on top. Staple along the crease. (This may be difficult without a long stapler.)**

If your printer DOES NOT provide double-sided printing, you will need a copier that makes 1-to-2 sided copies

- **Print the document on 8.5 x 11 sheets. Make sure the print orientation is landscape. Start printing from page 3. This will prevent these instructions from becoming part of your booklet.**
- **Once the document is printed, turn every second page upside down. For example, each Status Report prints on eight sheets. Turn sheets 2, 4, 6, and 8 upside down. NOTE: Upside down means that the text is inverted, NOT that the page is flipped over. All the text should still be facing you.**
- **Set your photocopier to make 1-to-2 sided copies. Copy the document.**
- **After copying, fold the document along the middle (short end to short end), so that the title page is on top. Staple along the crease. (This may be difficult without a long stapler.)**

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PROVIDED TO YOU COURTESY OF:

For more information, please contact your State of local health department or the project partners, or visit the Community Health Status Indicators Project web site at:

communityhealth.hhs.gov

ASTHO
Association of State and Territorial Health Officials
www.astho.org
chsi@astho.org

Johns Hopkins University
Bloomberg School of Public Health
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NACCHO
National Association of County and City Health Officials
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NALBOH
The National Association of Local Boards of Health
www.nalboh.org
chsi@nalboh.org

PHF
Public Health Foundation
www.phf.org
chsi@phf.org

RWJF
Robert Wood Johnson Foundation
www.rwjf.org

COMMUNITY HEALTH STATUS REPORT

Richmond County
Virginia

2008

Our Mission: Provide Information for Improving Community Health

Brought to you by a partnership of Federal agencies and not-for-profit organizations that are identified at the end of the pamphlet. Comments and questions can be sent to comments@hrsa.gov.

Please refer to the CHSI Data Sources, Definitions, and Notes for all sources, methods, and calculations (available on website).

communityhealth.hhs.gov

PUBLIC HEALTH IN AMERICA

VISION

Healthy People in Healthy Communities

MISSION

Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

PUBLIC HEALTH

- Prevents epidemics and spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Source: Public Health Functions Steering Committee, Fall 1994.

CONFIDENCE INTERVALS

SUMMARY MEASURES OF HEALTH page 4

	Value	Confidence Interval
ALL CAUSES OF DEATH	949.3	(892.8 - 1005.9)
SELF-RATED HEALTH STATUS	14.0%	(6.7 - 21.3%)
AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH	6.4	(4.2 - 8.6)

ADULT PREVENTIVE SERVICES USE (%) page 10

	Value	Confidence Interval
Pap Smears (18+)	nrf	(nrf - nrf)
Mammography (50+)	nrf	(nrf - nrf)
Sigmoidoscopy (50+)	nrf	(nrf - nrf)
Pneumonia vaccine (65+)	nrf	(nrf - nrf)
Flu vaccine (65+)	nrf	(nrf - nrf)

RISK FACTORS FOR PREMATURE DEATH page 11

	Value	Confidence Interval
No exercise	nrf	(nrf - nrf)
Few Fruits/Vegetables	nrf	(nrf - nrf)
Obesity	26.0%	(17.1 - 34.9%)
High Blood Pressure	26.5%	(17.5 - 35.5%)
Smoker	14.8%	(7.5 - 22.1%)
Diabetes	10.5%	(4.8 - 16.2%)

FEDERAL PARTNERS

ATSDR
Agency for Toxic Substances and Disease Registry
atsdr.cdc.gov

CDC
Center for Disease Control and Prevention
www.cdc.gov

HRSA
Health Resources and Services Administration
www.hrsa.gov

NLM
National Library of Medicine
www.nlm.nih.gov

SELECTED TERMS

Age-Adjusted death rates allow comparison of rates between communities with different age structures. Rates have been adjusted to the year 2000 standard, the standard recommended for years 1999 and later.

Expected number of infectious disease cases has been calculated by applying the rate observed for all the peer counties to the county population.

Death rates and birth measures are consistent with U.S. Healthy People 2010 objectives.

EPA air quality standards measured and exceeded are reported. Monitoring is conducted in areas believed to be at risk and is not done in every jurisdiction.

Leading causes of death are provided for underlying cause of death categories constituting 10% or more of deaths in that race/ethnicity and age group.

Prevalence rates indicate the number in a population who have a certain characteristic at any time during the period. The BRFSS survey has been weighted to represent the State's adults.

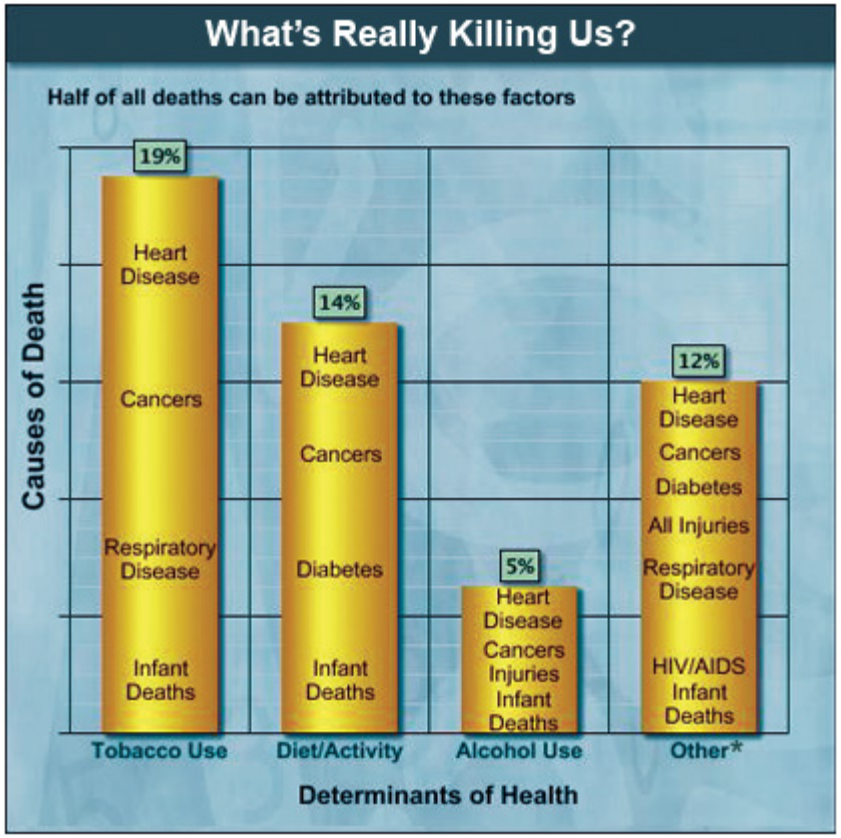
Persons enrolled in Medicaid or Medicare are program beneficiaries. The number of persons under age 65 receiving Medicare may represent a measure of disability in children and adults. Persons over age 65 with Medicaid coverage may also represent a population having grater medical needs.

Relative health importance determination of unfavorable were rates above the peer or the U.S. rate.

Vulnerable populations of the work disabled, those depressed, and recent drug users were estimated. Work disabled used a regression-based county-specific estimate. National age- or race-specific rates of major depression and recent drug use were applied to the county population to obtain the county estimate.

For complete information regarding data definitions and sources, please refer to the Data Sources, Definitions, and Notes available on HRSA's web site at:

communityhealth.hhs.gov



* Other lifestyle and personal behavior (nongenetic) risk factors include microbes, toxins, firearms, sexual behavior, motor vehicles, and drug use. Source: McGinnis, J.M., & Foege, W.H. (1993). Actual causes of death in the United States. JAMA., 270(18), 2207-2212.

While we may measure deaths due to heart disease, cancers, or infant deaths, we should always keep in mind that factors such as tobacco, diet, activity, and alcohol use substantially contribute to these deaths. For example, as shown in the above graphic, tobacco use accounts for 19 percent of all U.S. deaths.

DEMOGRAPHIC INFORMATION

Richmond County, VA

Population size[1]	9,114
Population density (people per square mile)[2]	48
Individuals living below poverty level[3]	15.5%
Age distribution[1]	
Under Age 19	17.2%
Age 19-64	64.0%
Age 65-84	16.0%
Age 85+	2.9%
Race/Ethnicity[1]	
White	66.1%
Black	33.1%
American Indian	0.0%
Asian/Pacific Islander	0.6%
Hispanic origin (non add)	2.8%

PEER COUNTIES

Peer counties (counties and county-like geographic areas) in stratum number 41 were stratified on the basis of the following factors: frontier status, population size, poverty, age. Below are peer county ranges representing the 10th and 90th percentile of values. This trimmed range of peer county value is used consistently throughout the report.

Population size[1]	6,602 - 24,509
Population density (people per square mile)[2]	20 - 1,362
Individuals living below poverty level[3]	12.5 - 17.5%
Age distribution[1]	
Under Age 19	21.8 - 25.9%
Age 19-64	56.1 - 64.1%
Age 65-84	10.0 - 16.0%
Age 85+	1.2 - 3.3%
Race/Ethnicity[1]	
White	59.0 - 98.4%
Black	0.6 - 40.2%
American Indian	0.1 - 0.5%
Asian/Pacific Islander	0.1 - 1.8%
Hispanic origin (non add)	0.7 - 6.5%

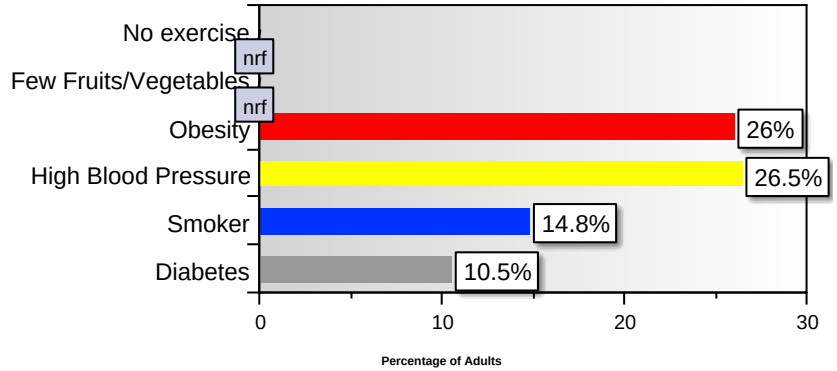
nda No data available.

[1] The Census Bureau. Current Population Estimates, 2005.
[2] HRSA. Area Resource File, 2005.
[3] The Census Bureau. Small Area Income Poverty Estimates, 2003.

RISK FACTORS FOR PREMATURE DEATH[1]

Richmond County, VA

Communities may wish to obtain information about these measures, collected and monitored at local level.



nrf No report, survey sample size fewer than 50.

[1] CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

ACCESS TO CARE

Richmond County, VA

In addition to use of services, access to care may be characterized by medical care coverage and service availability.

Uninsured individuals[1]	961
Medicare beneficiaries[2]	
Elderly (Age 65+)	1,420
Disabled	236
Medicaid beneficiaries:	
The number of beneficiaries for each county is not available nationally, but may be obtained from your state.	
Primary care physicians per 100,000 pop.[2]	.0
Dentists per 100,000 pop.[2]	21.9
Community/Migrant Health Centers[3]	No
Health Professional Shortage Area[3]	No

nda No data available.

[1] The Census Bureau. Small Area Health Insurance Estimates Program, 2000.
[2] HRSA. Area Resource File, 2005.
[3] HRSA. Geospatial Data Warehouse, 2007.

PREVENTIVE SERVICES USE

Richmond County, VA

INFECTIOUS DISEASE CASES[1]

These diseases respond to public health control efforts. The expected number is based on the occurrence of cases among peer counties.

	Reported Cases	Expected Cases
AIDS	rna	rna
Tuberculosis	rna	rna
Haemophilus influenzae B	1	1
Hepatitis A	1	2
Hepatitis B	0	3
Measles	0	0
Pertussis	0	1
Congenital Rubella Syndrome	0	0
Syphilis	0	2

Indicates a status favorable to peers.

Indicates a status less than favorable.

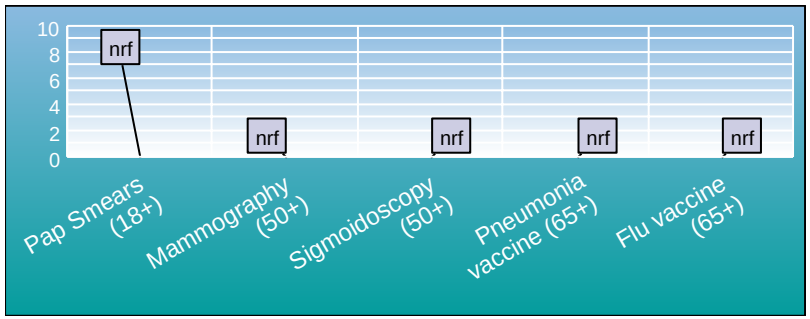
rna The release of data for all counties has not been authorized

nda No data available.

CHILD PREVENTIVE SERVICES USE

Indicators such as immunizations, dental caries, and the prevalence of lead screening are not collected at the national level and must be obtained locally.

ADULT PREVENTIVE SERVICES USE (%)[2]



nrf No report, survey sample size fewer than 50.

[1] CDC. National Notifiable Diseases Surveillance System, 1994-2003.

[2] CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

PEER COUNTIES

A distinctive aspect of this report is the ability to compare a county with its peers, those counties similar in population composition and selected demographics. Strata, or peer group size averages 36 and ranges from 15 to 62 counties. There are a total of 88 strata. Listed below are the 46 peer counties in stratum number 41. Due to the population size of counties within this stratum, data on vital statistics (e.g. births and deaths) and nationally notifiable diseases were aggregated across the most recent 10 year time period (1994-2003) in order to ensure stable estimates.

Alabama
- Cleburne County
- Coosa County
- Winston County

Arkansas
- Cleveland County

Florida
- Gulf County
- Liberty County

Georgia
- Bleckley County
- Butts County
- Dade County
- Gilmer County
- Haralson County
- Lamar County
- Madison County
- Oglethorpe County
- Putnam County

Kentucky
- Bourbon County
- Henry County
- Taylor County
- Trimble County

Mississippi
- Prentiss County

Missouri
- Adair County

North Carolina
- Caswell County

North Carolina
- Greene County

Tennessee
- Grainger County
- Hickman County
- Macon County
- Meigs County
- Polk County
- Sequatchie County
- Union County
- Van Buren County

Vermont
- Essex County

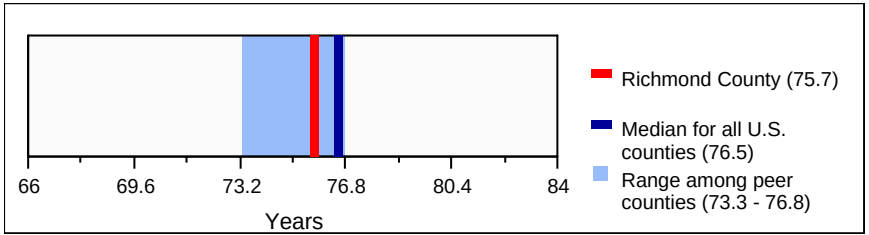
Virginia
- Alleghany County
- Bedford City
- Bristol City
- Emporia City
- Franklin City
- Fredericksburg City
- Galax City
- Greensville County
- Lexington City
- Martinsville City
- Norton City
- Radford City
- Williamsburg City

West Virginia
- Hampshire County

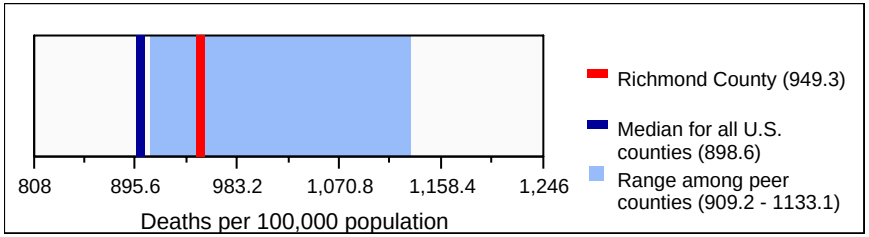
SUMMARY MEASURES OF HEALTH

Richmond County, VA

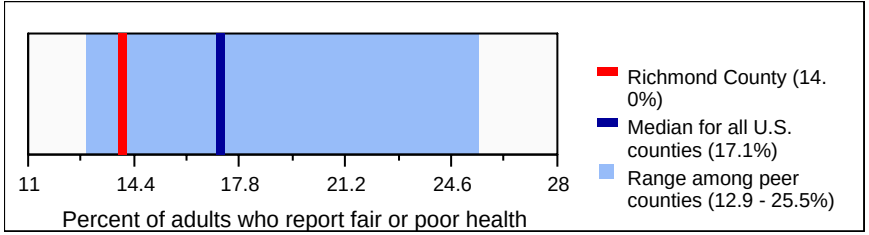
AVERAGE LIFE EXPECTANCY[1]



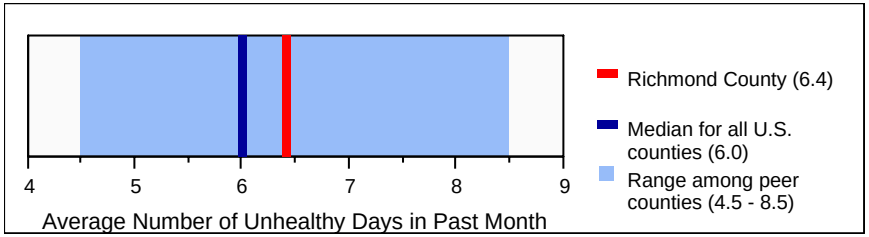
ALL CAUSES OF DEATH[2]



SELF-RATED HEALTH STATUS[3]



AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH[3]



nrf No report, survey sample size fewer than 50.

nda No data available.

[1] Murray et al., PLoS Medicine 2006 Vol. 3, No. 9, e260 doi:10.1371/journal.pmed.0030260, 1999.

[2] NCHS. Vital Statistics Reporting System, 1994-2003.

[3] CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

VULNERABLE POPULATIONS

Richmond County, VA

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]

Have no high school diploma (among adults age 25 and older)	2,723
Are unemployed	174
Are severely work disabled	280
Have major depression	565
Are recent drug users (within past month)	432

nda No data available.

[1] The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and notes for details), were applied to 2005 mid-year county population figures .

ENVIRONMENTAL HEALTH

Richmond County, VA

INFECTIOUS DISEASES[1]

Cases	Reported	Expected
E.coli	0	1
Salmonella	12	17
Shigella	6	8

TOXIC CHEMICALS RELEASED ANNUALLY[2]: 1,067 pounds

NATIONAL AIR QUALITY STANDARDS MET BY COUNTY[3]

Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Yes	Yes	Yes	Yes	Yes	Yes

Indicates a status favorable to peers.

Indicates a status less than favorable.

nda No data available.

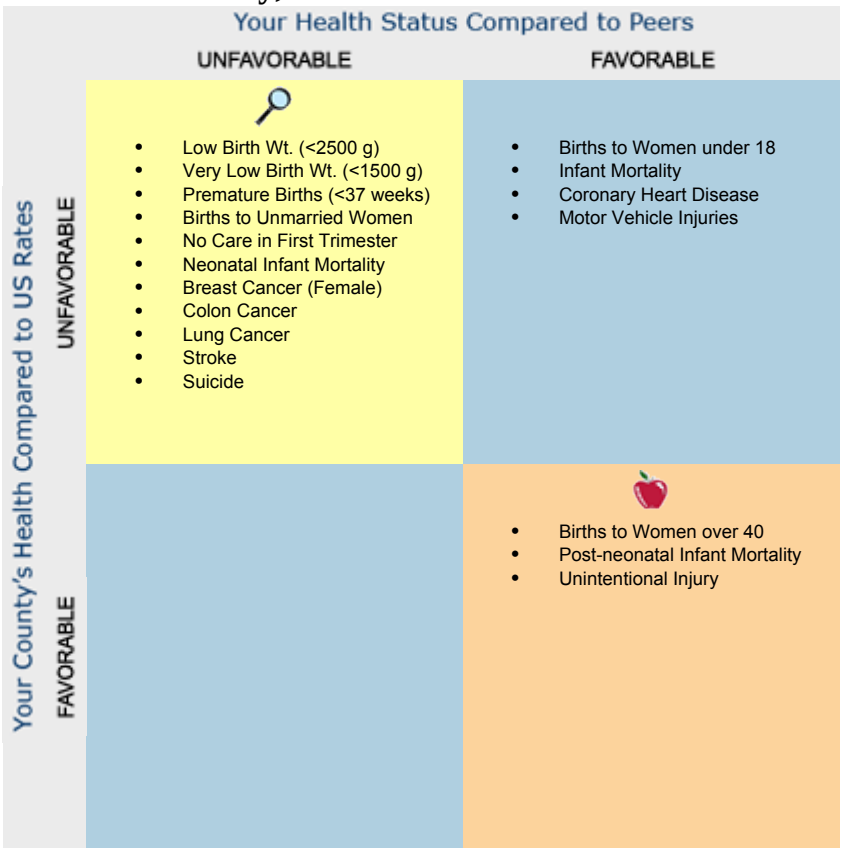
[1] CDC. National Notifiable Diseases Surveillance System, 1994-2003.

[2] EPA. Toxic Release Inventory (TRI) Explorer Report, 2005.

[3] EPA. AIRSData, 2006.

RELATIVE HEALTH IMPORTANCE

Richmond County, VA



The Relative Health Importance table creates four categories of relative concern by simply comparing a county to its peers and to the U.S.

A county's indicators in the upper left-hand box (🔍) are higher than the U.S. and its peers and may warrant more attention. Conversely, indicators in the lower right-hand box (🍎) of the table compare favorably to both peers and the U.S. The other boxes represent intermediate levels of health where a county's rate is higher than either its peers or the U.S., but not both.

Source: Measures of Birth and Death tables, pages 6 - 7.

NATIONAL LEADING CAUSES OF DEATH[1]

Richmond County, VA

	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	nrf	nrf	nrf	nrf
Birth Defects	nrf	nrf	nrf	nrf
Ages 1-14				
Injuries	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Suicide	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	24%	nrf	nrf	nrf
Cancer	24%	nrf	nrf	nrf
Heart Disease	nrf	nrf	nrf	nrf
Suicide	nrf	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-64				
Cancer	42%	32%	nrf	nrf
Heart Disease	21%	19%	nrf	nrf
Ages 65+				
Heart Disease	31%	28%	nrf	nrf
Cancer	19%	21%	nrf	nrf

nrf No report, fewer than 20 deaths in race/ethnicity and age group or less than 10% of the deaths.

nda No data available.

Local data are presented for the Nation's top leading causes of death in each age group. Columns, within age categories, do not total 100% because all causes of death are not listed.

The most complete ethnicity data available are reported.

[1] NCHS. Vital Statistics Reporting System, 1994-2003.

MEASURES OF BIRTH AND DEATH[1]

Richmond County, VA

County Percent / C.I.			Peer County Range		Birth Measures	U.S. Percent 2003	Healthy People 2010 Target
10.1	(8.0 , 12.2)	🔎	6.5 - 10.2		Low Birth Wt. (<2500 g)	7.9	5.0
1.6	(0.8 , 2.5)	🔎	0.8 - 2.4		Very Low Birth Wt. (<1500 g)	1.4	0.9
15.2	(12.7 , 17.6)	🔎	9.6 - 16.7		Premature Births (<37 weeks)	12.3	7.6
5.3	(3.7 , 6.9)	🍎	3.4 - 7.7		Births to Women under 18	3.4	No objective
1.0	(0.3 , 1.7)	🍎	0.8 - 1.6		Births to Women over 40	2.6	No objective
40.9	(37.4 , 44.3)	🔎	23.5 - 46.8		Births to Unmarried Women	34.6	No objective
22.4	(19.5 , 25.4)	🔎	11.1 - 23.5		No Care in First Trimester	16.0	10.0

County Rate / C.I.			Peer County Range		Infant Mortality[2]	U.S. Rate 2003	Healthy People 2010 Target
6.9	(2.2 , 16.1)	🍎	4.8 - 12.0		Infant Mortality	6.8	4.5
nrf	(nrf , nrf)		3.3 - 11.4		White non Hispanic Infant Mortality	5.7	4.5
nrf	(nrf , nrf)		0.0 - 24.0		Black non Hispanic Infant Mortality	13.6	4.5
nrf	(nrf , nrf)		0.0 - 2.9		Hispanic Infant Mortality	5.6	4.5
6.9	(2.2 , 16.1)	🔎	2.5 - 8.2		Neonatal Infant Mortality	4.6	2.9
0.0	(0.0 , 0.0)	🍎	0.8 - 4.5		Post-neonatal Infant Mortality	2.2	1.2

County Rate / C.I.			Peer County Range		Death Measures[3]	U.S. Rate 2003	Healthy People 2010 Target
34.9	(20.6 , 55.4)	🔎	18.0 - 37.6		Breast Cancer (Female)	25.3	21.3
33.1	(23.3 , 45.6)	🔎	16.7 - 31.0		Colon Cancer	19.1	13.7
174.5	(151.0 , 198.0)	🍎	156.9 - 251.6		Coronary Heart Disease	172.0	162.0
nrf	(nrf , nrf)		1.9 - 12.3		Homicide	6.0	2.8
71.0	(56.2 , 88.4)	🔎	57.7 - 82.8		Lung Cancer	54.1	43.3
19.9	(11.5 , 31.9)	🍎	15.2 - 38.0		Motor Vehicle Injuries	14.8	8.0
70.0	(56.3 , 86.0)	🔎	49.4 - 97.4		Stroke	53.0	50.0
16.5	(9.3 , 27.1)	🔎	10.8 - 20.1		Suicide	10.8	4.8
20.5	(12.6 , 31.5)	🍎	18.2 - 35.4		Unintentional Injury	37.3	17.1

The total number of births during this time period was 793 and the total number of deaths was 1,143.

🍎 Indicates a status favorable to peers.

🔎 Indicates a status less than favorable.

nrf No report, fewer than 500 births and 5 events (birth measures and infant mortality) or fewer than 10 events (death measures) occurred during the specified time period.

nda No data available.

[1] NCHS. Vital Statistics Reporting System, 1994-2003.

[2] Infant mortality: deaths per 1000 live births (Neonatal: <28 days; post-neonatal: day 28 to under one year) .

[3] Rates are age-adjusted to the year 2000 standard; per 100,000 population .